

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559985

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51				/		
2		/					52				/		
3		/					53				/		
4		/					54				/		
5		/					55				/		
6		/					56				/		
7		/					57				/		
8		/					58				/		
9		/					59				/		
10		3					60				/		
11		/					61			/			
12		/					62				/		
13		/					63				/		
14		①					64			/			
15		②					65				/		
16		③					66				/		
17		④					67				/		
18		⑤					68				/		
19		⑥					69				/		
20	/						70				/		
21		/					71				/		
22		/					72				/		
23		/					73				/		
24		/					74				/		
25		/					75				/		
26		/					76				/		
27		⑦					77				/		
28	/						78				/		
29		/					79				/		
30		/					80						
31		/					81						
32		2					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		⑧					87						
38		/					88						
39		/					89						
40		⑨					90						
41		⑩					91						
42		⑪					92						
43		⑫					93						
44		⑬					94						
45		⑭					95						
46		/					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	30	←		←
TOTAL CLAIMS							TOTAL CLAIMS			33			